

**UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TENNESSEE**
Western DIVISION

CASE NAME: CAH Acquisition Company #11**CASE NO:** 19-22020-PJD**Monthly Operating Report for the Month Ending (month/day/year)** January 31, 2020**For the period beginning (month,day)** January 1 **and ending (month,day)** January 31**NAICS Industry Classification Code:** 622110

THIS REPORT IS TO BE FILED 15 DAYS AFTER THE END OF THE MONTH -- The Debtor must attach each of the following reports/documents unless the U.S. Trustee has waived the requirement in writing.

Report Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
Mark One Box for Each Required Document:		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Bank Account Balance Statement (Form 2-AB)
<input type="checkbox"/>	<input type="checkbox"/>	2. Comparative Balance Sheet - Assets (Form 2-BA)
<input type="checkbox"/>	<input type="checkbox"/>	3. Comparative Balance Sheet - Liabilities (Form 2-BL)
<input type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedule I (Post-Petition Payables)(Form 2-BP)
<input type="checkbox"/>	<input type="checkbox"/>	5. Supporting Schedules II (A/R, Payments to Prof. and Principals)(Form 2-BR)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Profit and Loss / Income Statement (Forms 2-E1 and 2-E2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Cash Flow Statement (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Cash Flow Summary (Form 2-FS)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Detailed Listing of Receipts Statement (Form 2-G)
<input type="checkbox"/>	<input type="checkbox"/>	10. Detailed Listing of Disbursements Statement (Form 2-H)
<input type="checkbox"/>	<input type="checkbox"/>	11. Supporting Schedules III (Property Transfers, Insurance Coverage & Quarterly Fee Summary)(Form 2-I)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Narrative Questionnaire Statement (Form 2-J)

Documents Provided by Mail or E-Mail		
<input type="checkbox"/>	<input type="checkbox"/>	13. Bank Statements for All Bank Accounts (to be provided by mail to USTP when required)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Bank Statement Reconciliations for all Bank Accounts (to be provided by mail to USTP when required)

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments hereto are true, accurate and correct to the best of my knowledge and belief. I further certify that the Monthly Operating Report has been filed with the Court.

Executed on: 3/18/20
Date

By: /s/ Marianna Williams (Signature)
Its: Court Appointed Debtor-In-Possession (Title)

Phone #: 731.221.2200Printed Name: Marianna Williams

Form 2-A

Address: 326 Asbury Ave
Ripley, TN 38063

Rev. 8/2/16

ADDENDUM TO ALL MONTHLY OPERATING REPORTS

CAH Acquisition Company 11, LLC (the "Debtor") is contemporaneously filing this Global Note (as defined below) as a supplement to and integral part of all its Monthly Operating Reports filed in the Bankruptcy Court for the Western District of Tennessee (the "Bankruptcy Court").

This Global Note, Reservation of Rights, and Statement of Limitations, Methodology and Disclaimer Regarding Debtor's Monthly Operating Reports (the "Global Notes") pertain to, are incorporated by reference into, and comprise an integral part of all Monthly Operating Reports, and should be reviewed in connection with any review of all Monthly Operating Reports.

All Monthly Operating Reports filed in this Bankruptcy Case are prepared and created by Cohesive Healthcare Management and Consulting as Manager for Debtor under a Management and Hospital Services Agreement (dated March 27, 2019). The Management Fees listed in the Profit and Loss Statement contained in Form 2-E2 (Part IV. General Expenses) are that amount asserted by Cohesive Healthcare Management and Consulting. Debtor does not acquiesce to the asserted amount in the Monthly Operating Reports by filing said report(s).

DEBTOR: CAH Acquisition Company #11

CASE NO: 19-22020-PJD

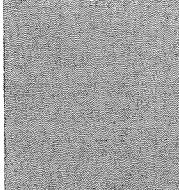
**Form 2-AB
BANK ACCOUNT BALANCE STATEMENT**

January 31, 2020
For Period Ending: _____

Bank Accounts

Account Name:	CASH <u>ON HAND</u>	Personal/ Operating	Tax	Payroll	*
Bank Name:	First Citizens	N/A	N/A	US Bank	
Account # (last 4 digits):	3414	N/A	N/A	N/A	
					Grand Total <u>ALL Accounts</u>
Beginning Balance:	0.00 + 1,207,576.7	0.00 + 0.00 + 275.62	= 1,207,852.41		
Plus: Total Receipts (Attach Detailed List, Form 2-G)	0.00 + 1,579,442.0	0.00 + 0.00 + 4,081.00	= 1,579,717.66		
Less: Total Disbursements (Attach Detailed List, Form 2-H)	0.00 + 1,668,664.9	0.00 + 0.00 + 0.00	= 1,668,664.96		

**Transfers Between
Bank Accounts:**

Transfers In	4,356.62	
(Transfers Out)	(_____)(_____)(_____)(_____)(4,356.62)	
Ending Balances:	+ 1,122,710.4 + 0.00 = 1,122,710.49	

*If the Debtor maintains more than four (4) accounts, attach additional Form 2-AB and identify the nature of the additional account(s) (Cash Collateral, Savings, etc.)

Notes:

CASE NAME:

CAH Acquisition Company #11

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Form 2-BA
COMPARATIVE BALANCE SHEET STATEMENT
For Period Ending: January 31, 2020

ASSETS**1. Current Assets:**

	Current Month	Petition Date (1)
Cash (from Form 2-AB, Grand Total All Accounts)	\$ 1,122,710.49	\$ 1,067,328.50
Total Accounts Receivable (from Form 2-BR)	<u>21,963,962.3</u>	0.00
Less allowance for doubtful accounts (from Form 2-BR)	(15,683,845.1)	(0.00)
Receivable from Officers, Employees, Affiliates	0.00	0.00
Inventory	0.00	0.00
Other Current Assets :(List)	0.00	0.00
	0.00	0.00
Negotiable Instruments	0.00	0.00
2. Current Assets Sub-Total	<u>\$ 7,402,827.74</u>	<u>\$ 1,067,328.50</u>

3. Fixed Assets:

Land	\$ 800,000.00	\$ 0.00
Building	<u>4,204,975.93</u>	0.00
Equipment, Furniture and Fixtures	<u>940,674.48</u>	0.00
Vehicles	0.00	0.00
4. Fixed Assets Sub-Total	<u>5,945,650.41</u>	0.00

Less: Accumulated Depreciation

5. Net Fixed Assets	<u>(889,691.25)</u>	(0.00)
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6. Current Assets Sub-Total (from above 2. Current Assets Sub-Total)	<u>\$ 5,055,959.16</u>	<u>\$ 0.00</u>
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7. Other Assets (List):

	0.00	0.00
	0.00	0.00
8. TOTAL ASSETS	<u>\$ 12,458,786.9</u>	<u>\$ 1,067,328.50</u>

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

Form 2-BA

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CASE NAME:

CAH Acquisition Company #11

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Form 2-BL

COMPARATIVE BALANCE SHEET STATEMENT

For Period Ending: January 31, 2020

LIABILITIES

Post Petition Liabilities

Post-petition Accounts Payable (from Form 2-BP)

\$ 5,182,438.26 \$ 0.00

Post-petition Accrued Professional Fees (from Form 2-BR)

0.00 0.00

Post-petition Taxes Payable

0.00 0.00

Post-petition Notes Payable

1,067,650.06 0.00

Other Post-petition Payable(List):

Accrued Interest

176,455.78 40,444.26

Accrued Liabilities

1,719,716.84 0.00

Post Petition Liabilities Sub-Total

\$ 8,146,260.97 \$ 40,444.26

Pre Petition Liabilities:

Secured Debt (Schedule D, including amendments)

2,357,557.69 2,357,557.69

Priority Debt (Schedule E, including amendments)

0.00 0.00

Unsecured Debt (Schedule F, including amendments)

2,169,099.35 2,546,154.55

Pre Petition Liabilities Sub-Total

\$ 4,526,657.04 \$ 0.00

TOTAL LIABILITIES (Sum of Pre Petition and Post Petition Liabilities) \$ 12,672,918.00 \$ 4,944,156.50**SHAREHOLDERS/OWNERS' EQUITY**

Owner's/Stockholder's Equity (Preferred Stock)

\$ 0.00 \$ 0.00

Owner's/Stockholder's Equity Common Stock)

0.00 0.00

Paid In Capital

0.00 0.00

Retained Earnings - Prepetition

1,172,562.87 -3,876,828.0

Retained Earnings - Post-petition

-1,386,693.9 0.00

TOTAL OWNERS' EQUITY

\$ -214,131.11 \$ -3,876,828.0

TOTAL LIABILITIES AND OWNERS' EQUITY\$ 12,458,786.9 \$ 1,067,328.50

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

Form 2-BL

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DEBTOR: CAH Acquisition Company #11

CASE NO: 19-22020 PJD

Form 2-BP
SUPPORTING SCHEDULES II
POST PETITION LIABILITIES AND PAYABLES STATEMENTS
For Period Ending: January 31, 2020

Type	Beginning Balance (1)	Amount Accrued	Date Due	0-30 Days	31-60 Days	Ending Balance
Income Tax Withheld:						
Federal	0.00	0.00				0.00
State						
FICA Tax Withheld						
Employee's FICA Tax	0.00	0.00				0.00
Employer's FICA Tax	0.00	0.00				0.00
Unemployment Tax						
Federal	955.37	-955.37				
State	2,052.22	-2,052.22				
Sales, Use & Excise Taxes						
Property Taxes						
Real Estate						
Personal Property						
Accrued Income Tax:						
Federal						
State						
Other:						
TOTAL TAXES	\$ 3,007.59	\$ -3,007.59				
POST-PETITION DEBTS						
Secured	2,357,55					
Priority	1,067,65					1,067,650
Unsecured	2,197,95	-28,860		-28,860	-28,615	2,169,099
Accrued Interest Payable						
TRADE ACCOUNTS & OTHER PAYABLES	4,836,31	346,123.		777,894.	711,954.	5,182,438.

(list separately on additional sheets)

(1) For first report, Beginning Balance will be \$0;
 thereafter, Beginning Balance will be Ending Balance from prior report.

DEBTOR: CAH Acquisition Company #11

CASE NO: 19-22020 PJD

Form 2-BR
SUPPORTING SCHEDULES II
For Period Ending: January 31, 2020

ACCOUNTS RECEIVABLE AND POST PETITION PAYABLE AGING

<u>Due</u>	<u>Accounts Receivable</u>	<u>Post Petition Accounts Payable</u>
Under 30 days	\$ <u>3,477,840.61</u>	\$ <u>777,894.65</u>
30 to 60 days	<u>1,901,476.83</u>	<u>711,954.89</u>
61 to 90 days	<u>1,683,695.20</u>	<u>509,545.96</u>
91 to 120 days	<u>1,760,993.25</u>	<u>543,624.86</u>
Over 120 days	<u>13,139,956.49</u>	<u>2,639,417.90</u>
Total Post Petition	<u>21,963,962.38</u>	<u>5,182,438.26</u>
Pre Petition Amounts	<u>0.00</u>	
Total Accounts Receivable (to Form 2-BA)	\$ <u>21,963,962.38</u>	
Less: (Allowance for Doubtful Accounts) (to Form 2-BA)	(<u>15,683,845.13</u>)	
Net Accounts Receivable	<u>\$ 6,280,117.25</u>	

* *Attach a detail listing of accounts receivable and post-petition accounts payable*

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	<u>Month-end Retainer Balance</u>	<u>Current Month's Accrual</u>	<u>Paid in Current Month</u>	<u>Date of Court Approval</u>	<u>Month-end Balance Due *</u>
Debtor's Counsel	\$ _____	\$ _____	\$ _____		\$ _____
Counsel for Unsecured Creditors' Committee	_____	_____	_____		_____
Trustee's Counsel	_____	_____	_____		_____
Accountant	_____	_____	_____		_____
Other:	_____	_____	_____		_____
Total	\$ _____	\$ _____	\$ _____		\$ _____

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**

<u>Payee Name</u>	<u>Position</u>	<u>Nature of Payment</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director. Including salaries, commissions, bonuses, etc.

Form 2-BR

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DEBTOR:

CAH Acquisition Company #11

CASE NO: 19-22020 PJD

**Form 2-E1
PROFIT AND LOSS STATEMENT
For Period Ending: January 31, 2020**

	Current <u>Month</u>	Accumulated <u>Total (1)</u>
I. GROSS OPERATING REVENUES		
INCOME (LIST ALL SOURCES)		
Patient Service Revenue	3,645,401.0	<u>13,948,338.0</u>
	<u> </u>	<u> </u>
TOTAL GROSS INCOME	<u> </u>	<u> </u>
Less: Discounts, Returns, and Allowances	(3,947,510.2)	(9,484,802.5)
Net Operating Revenue	<u>-302,109.24</u>	<u>4,463,535.4</u>
II. COST OF GOODS SOLD	(_____)	(_____)
III. GROSS PROFIT	<u>-302,109.24</u>	<u>4,463,535.4</u>
(Net Operating Revenue LESS Cost of Goods Sold)	<u> </u>	<u> </u>
IV. GENERAL EXPENSES		
Operating Expenses		
Compensation and Payroll	0.00	_____
Officer/Management Compensation	<u> </u>	<u> </u>
Payroll - Other Employees	718,707.64	<u>2,268,335.7</u>
Taxes	62,745.87	<u>152,930.84</u>
Taxes - Payroll	<u> </u>	<u> </u>
Taxes - Real Property	<u> </u>	<u> </u>
Taxes - Personal Property (Ad Valorem)	<u> </u>	<u> </u>
Taxes - Sales	<u> </u>	<u> </u>
Taxes - Other	<u> </u>	<u> </u>

(1) Accumulated Totals include all revenue and expenses since the petition date.

Form 2-E1

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DEBTOR:

CAH Acquisition Company #11

CASE NO: 19-22020 PJD

Form 2-E2
PROFIT AND LOSS STATEMENT (Cont'd)
For Period Ending: January 31, 2020

		<u>Current Month</u>	<u>Accumulated Total (1)</u>
IV. GENERAL EXPENSES			
General			
License Fees		0.00	0.00
Insurance		75,042.77	81,147.15
Depreciation / Amoritization		12,177.71	48,710.84
Rents and Leases (Real Estate)		0.00	0.00
Rents and Leases (Personal Property)		26,799.82	99,016.31
Maintenance and Repairs		0.00	11,253.00
Supplies		100,325.45	493,682.61
Telephone		1,477.58	5,612.13
Utilities		29,212.17	115,303.87
Travel and Entertainment Expenses		0.00	0.00
Vehicle Expenses		0.00	0.00
Legal		0.00	0.00
Other	Bank Fees	1,728.39	6,199.54
Other:			
Other:	Purchased Services	171,813.30	662,799.51
Other:			
Other:	Contract Labor	160,993.54	551,838.20
Other:			
Other:	Management Fees	250,000.00	1,000,000.00
Other:			
Other:	Miscellaneous	0.00	12,354.89
Other:			
Other:	Restructure Fees	182,220.50	197,924.50
Other:			
Other:	Interest Expense	24,234.45	94,804.26
Other:			
V. TOTAL EXPENSES		1,817,479.1	5,801,913.36
VI. NET INCOME OR (LOSS)		-2,119,588.4	-1,338,377.9

(Gross Profit LESS Total Expenses)

(1) Accumulated Totals include all revenue and expenses since the petition date.

Form 2-E2

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CASE NAME: CAH Acquisition Company #11

CASE NO: 19-22020 PJD

**Form 2-F
CASH FLOW STATEMENT
For Period Ending: January 31, 2020**

1. CASH FLOWS FROM OPERATING ACTIVITIES:

Income (Loss) From Operations

Adjustments to reconcile net income (loss) from operations to net cash provided by (used in) operating activities

Patient Receipts (Pre and Post Petition)

Accumulated

-1,338,377.

Allowance for contractual adjustments and bad debt

4,873,897.

+

643,785.04

Change in accounts receivable

-4,490,461.

Change in Accounts Payable/Accrued Liabilities

1,524,547.4

Change in Payroll Tax accrual

-61,072.02

NET CASH PROVIDED BY (USED IN) OPERATING BUSINESS

1,152,319.1

2. CASH FLOWS FROM INVESTING ACTIVITIES

Capital Additions

0.00

NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES

0.00

3. CASH FLOWS FROM FINANCING ACTIVITIES

Loan Advances

0.00

Change in Medicare Loans

-113,981.65

Change in accrued interest

50,123.03

-58,858.62

NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES

1,093,460.4

NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS

29,250.00

CASH AND CASH EQUIVALENTS, BEGINNING OF PERIOD

1,122,710.4

CASH AND CASH EQUIVALENTS, END OF PERIOD

CASE NAME: CAH Acquisition Company #11

CASE NO:

19-22020 PJD

Form 2-FS
CASH FLOW SUMMARY
For Period Ending: January 31, 2020

CASH FLOW SUMMARY

	Current Month	Accumulated
1. Beginning Cash Balance (From Form 2-B-AB (Grand Total Beginning Balance))	<u>\$ 1,207,852.41</u>	<u>\$ 29,250.00</u>
2. Receipts		
Operations	<u>1,583,523.04</u>	<u>5,038,612.41</u>
Sale of Assets	<u>0.00</u>	<u>0.00</u>
Other	<u>0.00</u>	<u>200,000.00</u>
Total Cash Receipts	<u>\$ 1,583,523.04</u>	<u>\$ 5,238,612.41</u>
3. Disbursements		
Operations	<u>1,668,664.96</u>	<u>4,145,151.92</u>
Debt Service/Secured loan payment	<u> </u>	<u> </u>
Professional fees/U.S. Trustee fees	<u> </u>	<u> </u>
Other	<u> </u>	<u> </u>
Total Cash Disbursements	<u>\$ 1,668,664.96</u>	<u>\$ 4,145,151.92</u>
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	<u>-85,141.92</u>	<u>1,093,460.49</u>
5. Ending Cash Balance (must equal Cash on Form 2-BA) (must equal Grand Total All Accounts Ending Balance, Form 2-AB)	<u>\$ 1,122,710.49</u>	<u>\$ 1,122,710.49</u>

(1) *Accumulated beginning cash balance is the cash available at the commencement of the case.*
(2) *Current month beginning cash balance should equal the previous month's ending balance.*

CASE NAME: CAH Acquisition Company #11 CASE NO: 19-22020 PJD

Form 2-G
DETAILED LISTING OF RECEIPTS STATEMENT
For Period Ending: January 31, 2020

CASH RECEIPTS DETAIL **Account No:**
(ONE FORM 2-G FOR EACH BANK ACCOUNT, PETTY CASH, ETC.)
(attach additional sheets as necessary) -- Continuation Sheet _____ of _____

(1) Grand Totals for each account should agree with total receipts listed on Form 2-AB.

(1) Gram

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CASE NAME: CAH Acquisition Company #11

CASE NO: 19-22020 PJD

Form 2-H
DETAILED LISTING OF DISBURSEMENTS STATEMENT
For Period Ending: January 31, 2020

DETAIL OF DISBURSEMENTS **Account No.:** _____
(USE ONE FORM 2-H FOR EACH SEPARATE BANK ACCOUNT, PETTY CASH, ETC.)

(attach additional sheets as necessary) -- Continuation Sheet _____ of _____

(1) Grand Totals for each account should agree with total disbursements listed on Form 2-AB

Form 2-H

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DEBTOR:

CAH Acquisition Company #11

CASE NO:

19-22020-PJD

Form 2-1

SUPPORTING SCHEDULES III

PROPERTY TRANSFER, INSURANCE COVERAGE & QUARTERLY FEES STATEMENT

For the Period Ending: January 31, 2020

TRANSFER OF PROPERTY POST-PETITION

Has any property of the Debtor been sold or otherwise transferred other than in the ordinary course of the Debtor's business?

x

X NO

YES. If yes, Complete the Following (Add Additional Sheets if Necessary)

DESCRIPTION OF PROPERTY	To Whom Transferred	Transfer Date	Gross Value	Net Monies Received
-------------------------	---------------------	---------------	-------------	---------------------

INSURANCE SCHEDULE

	Carrier	Policy #	Expiration Date	Amount of Coverage	Premium Amounts	Date Coverage Paid Through
Workers' Comp	Insurance remains same as pre-petition			\$ _____	\$ _____	_____
General Liability	Insurance remains same as pre-petition			\$ _____	\$ _____	_____
Property (Fire, Theft)	Insurance remains same as pre-petition			\$ _____	\$ _____	_____
Casualty	Insurance remains same as pre-petition			\$ _____	\$ _____	_____
Vehicle	Insurance remains same as pre-petition			\$ _____	\$ _____	_____
Other (list):	Insurance remains same as pre-petition			\$ _____	\$ _____	_____
Home Owners:	Insurance remains same as pre-petition			\$ _____	\$ _____	_____

QUARTERLY FEES SUMMARY*

<u>Month</u>	<u>Total Disbursements**</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
<i>PRESENT QUARTER</i>				
_____	\$ _____			
_____	\$ _____			
_____	\$ _____			
TOTAL PRESENT QUARTER	\$ _____	\$ _____	_____	_____
<i>PREVIOUS QUARTER</i>				
October	\$ 895,551.93			
November	\$ 658,799.38			
December	\$ 947,859.61			
	\$ _____			

* This Summary is to reflect the current and immediately previous Quarterly Fee information cumulative to the end of the reporting period.

* This Summary is to reflect the current and immediately previous Quarterly Disbursement information cumulative to the end of the period.

** Should agree with Form 2-AB. Disbursements are net of transfers to other Debtor-In-Possession bank accounts.

DEBTOR: CAH Acquisition Company #11

CASE NO: 19-22020-PJD

Form 2-J

NARRATIVE QUESTIONNAIRE STATEMENT
For Period Ending January 31, 2020

I. Has the Debtor-In-Possession made any payments on its pre-petition unsecured debt, except for that which has been so authorized by the Bankruptcy Court?

No.

Yes. Explain: _____

II. Has the Debtor-In-Possession during this reporting period provided compensation or other remuneration to any Officers, Directors, Principals, or Other Insiders without appropriate authorization and disclosure?

No.

Yes. Explain: _____

III. State what progress was made during this reporting period toward the filing of a Disclosure Statement and Plan of Reorganization or Liquidation.

Debtor-in-possession (DIP) has identified potential purchasers of business, DIP has created a due diligence portal for potential buyers.

DIP is now receiving CMS receivables. DIP expects the bidding dates will be revised within the next sixty (60) days.

IV. Describe potential future developments which may have a significant impact on this bankruptcy case.

N/A

V. Are all Post-Petition tax obligations currently paid or deposited?

Yes.

No. Explain.: _____

VI. Are all United States Trustee Quarterly Fees current?

Yes. Last Quarter Paid: _____ Amount Paid: \$ _____

No. Explain.: _____

VII. Did you receive any income during this reporting period, which is not set forth in the operating report?

No.

Yes. Please set forth the amount(s) and the source(s) of the income.


**FIRST CITIZENS
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00003939-0019537-0001-0007-FIMR8004070131204730

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**CAH ACQUISITION COMPANY 11 LLC
BY MARIANNA WILLIAMS RECEIVER
PO BOX H
DYERSBURG TN 38025**

ACCOUNT ANALYSIS

Account Number: **[REDACTED]**
Statement Date: **1/31/20**
Branch: **001**
Checks/Items Enclosed: **17**

Out with the Old, In with the New
Have you moved or changed your phone number?
Do you have a new email address?
Update contact information through Online Banking
or by visiting any of our financial centers.

CHECKING	CAH ACQUISITION COMPANY 11 LLC	Acct	2773414
Beginning Balance	1/01/20	1,224,776.00	
Deposits / Misc Credits	172	6,699,901.14	
Withdrawals / Misc Debits	30	7,924,577.14	
** Ending Balance	1/31/20	100.00	**
Service Charge		.00	
Average Balance		1,131,508	
Average Collected Balance		1,119,260	
Minimum Balance		100	
Enclosures		17	

Miscellaneous Credits

Date	Deposits	Withdrawals	Activity Description
1/02	907.32		AARP Supplementa/HCCLAIMPMT TRN*1*1496707669*1362739571*000036273\
1/02	940.00		UMR/HCCLAIMPMT TRN*1*496384243*1391995276*0000UMR01\
1/02	9,527.79		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2019122912200253*1363379945*000095 378\
1/02	21,067.13		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3454379*1571062326*000010311~
1/02	70,884.86		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3454298*1571062326*000010311~
1/03	4,892.89		HUMANA INS CO/EFPAYMENT TRN*1*001290047980614*1391263473\
1/03	73,656.13		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
1/03	67.41		UnitedHealthcare/HCCLAIMPMT TRN*1*1497133421*1411289245*000087726\
1/03	852.50		UMR/HCCLAIMPMT TRN*1*496816853*1391995276*0000UMR01\
1/03	3,903.98		UNITEDHEALTHCARE/HCCLAIMPMT TRN*1*1TR49478839*1411289245*000087726\
1/03	4,225.25		UMR/HCCLAIMPMT TRN*1*496816852*1391995276*0000UMR01\


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Date	Deposits	Withdrawals	Activity Description
1/03	5,534.73		AETNA AS01/HCCLAIMPMT TRN*1*819364000174921*1066033492\
1/03	45,945.84		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3455010*1571062326*000010311~
1/06	112.56		UnitedHealthcare/HCCLAIMPMT TRN*1*1497673675*1411289245*000087726\
1/06	161.20		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010314700192*1363379945*000095
			378\
1/06	537.65		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010311600815*1363379945*000095
			378\
1/06	705.80		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010112500146*1363379945*000095
			378\
1/06	1,304.29		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010215600850*1363379945*000095
			378\
1/06	5,404.70		UMR/HCCLAIMPMT TRN*1*497077417*1391995276*0000UMR01\
1/06	7,965.11		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010117100613*1363379945*000095
			378\
1/06	13,808.06		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3455737*1571062326*000010311~
1/06	19,893.23		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3455816*1571062326*000010311~
1/06	23,599.83		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010214700036*1363379945*000095
			378\
1/07	49,611.02		DEPOSIT
1/07	182.91		UnitedHealthcare/HCCLAIMPMT TRN*1*1498062608*1411289245*000087726\
1/07	210.41		HUMANA INS CO/HCCLAIMPMT TRN*1*001290048037861*1391263473\
1/07	530.48		HUMANA INS CO/HCCLAIMPMT TRN*1*001290048037862*1391263473\
1/07	985.92		AETNA AS01/HCCLAIMPMT TRN*1*820002000060609*1066033492\
1/07	1,122.89		UNITED BEHAVIORA/HCCLAIMPMT TRN*1*1498062131*1411289245*000087726\
1/07	3,447.32		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3456635*1571062326*000010311~
1/07	25,047.33		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3456470*1571062326*000010311~
1/07	70,007.73		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3456396*1571062326*000010311~




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1/08	20.00		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466
1/08	39.25		8275 LAUDERDALE COMMUNITY HOSPBC HUMANA INS CO/HCCLAIMPMT TRN*1*001290048055657*1391263473\
1/08	624.51		AETNA A04/HCCLAIMPMT TRN*1*820003000020377*1066033492\
1/08	919.39		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010515800128*1363379945*000095
			378\
1/08	3,117.16		HUMANA INS CO/HCCLAIMPMT TRN*1*001290048055658*1391263473\
1/08	7,255.64		AETNA AS01/HCCLAIMPMT TRN*1*820003000020389*1066033492\
1/08	11,164.64		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3456995*1571062326*000010311~
1/09	42.36		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010813100583*1363379945*000095
			378\
1/09	108.61		AETNA AS01/HCCLAIMPMT TRN*1*820006000166790*1066033492\
1/09	150.00		United HealthCar/HCCLAIMPMT TRN*1*1SG06739830*1411289245*000087726\
1/09	164.26		HUMANA INS CO/HCCLAIMPMT TRN*1*001290048071475*1391263473\
1/09	312.80		UNITEDHEALTHCARE/HCCLAIMPMT TRN*1*1TR49980405*1411289245*000087726\
1/09	1,477.96		AARP Supplementa/HCCLAIMPMT TRN*1*9498633425*1362739571*000036273\
1/09	1,905.44		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010810700423*1363379945*000095
			378\
1/09	2,152.26		UMR/HCCLAIMPMT TRN*1*498567154*1391995276*0000UMR01\
1/10	275.62		DEPOSIT
1/10	70.00		STATE-TN PAYMNTS/TN PAYMNTS
1/10	110.62		STATE-TN PAYMNTS/HCCLAIMPMT TRN*1*104951730*K626001445\
1/10	164.26		HUMANA INS CO/HCCLAIMPMT TRN*1*001290048082761*1391263473\
1/10	522.40		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010917200448*1363379945*000095
			378\
1/10	1,162.32		UMR/HCCLAIMPMT TRN*1*498826319*1391995276*0000UMR01\
1/10	1,778.41		AETNA H09/HCCLAIMPMT TRN*1*160107200413220*1066033492\
1/10	2,293.32		HUMANA INS CO/HCCLAIMPMT TRN*1*001290048082762*1391263473\



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1/10	8,023.66		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020010916400213*1363379945*000095 378\
1/10	9,272.27		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3458017*1571062326*000010311~
1/10	39,348.02		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3457938*1571062326*000010311~
1/13	14,100.26		DEPOSIT
1/13	20.00		STATE-TN PAYMNTS/TN PAYMNTS
1/13	228.17		Worldpay/NET SETLMT
			Worldpay NET SETLMT 54292980466
1/13	506.60		8275 LAUDERDALE COMMUNITY HOSBPC
			Worldpay/NET SETLMT
1/13	58.78		Worldpay NET SETLMT 54292980466
			8275 LAUDERDALE COMMUNITY HOSBPC
1/13	782.24		HUMANA INS CO/HCCLAIMPMT
			TRN*1*001290048096060*1391263473\
1/13	3,587.82		UHC PLAN OF THE/HCCLAIMPMT
			TRN*1*2020011012500260*1363379945*000095
1/13	18,190.85		378\
1/14	80,267.72		UHC PLAN OF THE/HCCLAIMPMT
1/14	40.00		TRN*1*EFT3458788*1571062326*000010311~
1/14	53.93		DEPOSIT
			STATE-TN PAYMNTS/TN PAYMNTS
1/14	111.71		UHC PLAN OF THE/HCCLAIMPMT
			TRN*1*2020011114400094*1363379945*000095
1/14	571.00		378\
			CARITEN HP/HCCLAIMPMT
1/14	2,537.49		TRN*1*010560011599075*1621579044\
			AARP Supplemental/HCCLAIMPMT
1/14	7,951.77		TRN*1*9499693036*1362739571*000036273\
			HUMANA INS CO/HCCLAIMPMT
1/14	45,864.16		TRN*1*001290048118271*1391263473\
			A/B MAC PT A TN/HCCLAIMPMT
1/15	20.00		TRN*1*EFT3459519*1571062326*000010311~
1/15	458.60		A/B MAC PT A TN/HCCLAIMPMT
			TRN*1*EFT3459441*1571062326*000010311~
			STATE-TN PAYMNTS/TN PAYMNTS
1/15	84.72		Worldpay/NET SETLMT
			Worldpay NET SETLMT 54292980466
			8275 LAUDERDALE COMMUNITY HOSBPC
1/15	93.27		UHC PLAN OF THE/HCCLAIMPMT
			TRN*1*2020011212200038*1363379945*000095
			378\
			AETNA AS01/HCCLAIMPMT
			TRN*1*820010000266517*1066033492\




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1/15	930.12		AETNA AS01/HCCCLAIMPMT TRN*1*820010000266523*1066033492\
1/15	1,538.13		AARP Supplementa/HCCCLAIMPMT TRN*1*9500017418*1362739571*000036273\
1/15	11,069.25		A/B MAC PT A TN/HCCCLAIMPMT TRN*1*EFT3459908*1571062326*000010311~
1/15	16,280.79		A/B MAC PT A TN/HCCCLAIMPMT TRN*1*EFT3459975*1571062326*000010311~
1/16	20.00		STATE-TN PAYMNTS/TN PAYMNTS
1/16	267.59		Erie Insurance E/HCCCLAIMPMT TRN*1*11500626758*1251232960*0000ERIE1\
1/16	632.13		A/B MAC PT A TN/HCCCLAIMPMT TRN*1*EFT3460403*1571062326*000010311~
1/16	750.38		HUMANA INS CO/HCCCLAIMPMT TRN*1*001290048208706*1391263473\
1/16	900.40		UHC PLAN OF THE/HCCCLAIMPMT TRN*1*2020011511400328*1363379945*000095 378\
1/16	957.97		UMR/HCCCLAIMPMT TRN*1*500289282*1391995276*0000UMR01\
1/16	3,370.92		UHC PLAN OF THE/HCCCLAIMPMT TRN*1*2020011516300037*1363379945*000095 378\
1/16	3,753.99		UNITEDHEALTHCARE/HCCCLAIMPMT TRN*1*1TR50437323*1411289245*000087726\
1/16	4,141.86		AARP Supplementa/HCCCLAIMPMT TRN*1*9500605630*1362739571*000036273\
1/16	4,603.50		UMR/HCCCLAIMPMT TRN*1*500289283*1391995276*0000UMR01\
1/17	20.00		STATE-TN PAYMNTS/TN PAYMNTS
1/17	55.00		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
1/17	97.96		STATE-TN PAYMNTS/HCCCLAIMPMT TRN*1*104961818*K626001445\
1/17	758.87		UMR/HCCCLAIMPMT TRN*1*500689104*1391995276*0000UMR01\
1/17	2,344.44		UHC PLAN OF THE/HCCCLAIMPMT TRN*1*2020011613100010*1363379945*000095 378\
1/17	4,266.17		UHC PLAN OF THE/HCCCLAIMPMT TRN*1*2020011615701005*1363379945*000095 378\
1/17	4,932.51		A/B MAC PT A TN/HCCCLAIMPMT TRN*1*EFT3460957*1571062326*000010311~
1/21	209.49		DEPOSIT
1/21	82,567.63		DEPOSIT



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1/21	109.76		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
1/21	375.20		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
1/21	630.01		UMR MARTEN TRANS/HCCLAIMPMT TRN*1*501093598*1391995276*0000UMR01\
1/21	4,729.94		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020011712200057*1363379945*000095 378\
1/21	7,731.64		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020011715700205*1363379945*000095 378\
1/21	30,993.89		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3461754*1571062326*000010311~
1/21	49,988.16		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3461830*1571062326*000010311~
1/22	654.01		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
1/22	22.10		UnitedHealthcare/HCCLAIMPMT TRN*1*1501521248*1411289245*000087726\
1/22	705.32		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020011816900111*1363379945*000095 378\
1/22	1,810.00		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020011813400245*1363379945*000095 378\
1/22	28,690.63		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3462660*1571062326*000010311~
1/22	44,276.98		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3462588*1571062326*000010311~
1/23	50.00		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
1/23	162.24		AETNA H09/HCCLAIMPMT TRN*1*160120200270118*1066033492\
1/23	310.26		AETNA AS01/HCCLAIMPMT TRN*1*820017000159181*1066033492\
1/23	423.18		AARP Supplemental/HCCLAIMPMT TRN*1*9501805144*1362739571*000036273\
1/23	1,502.28		HUMANA INS CO/HCCLAIMPMT TRN*1*001290048315337*1391263473\
1/23	1,543.28		UNITEDHEALTHCARE/HCCLAIMPMT TRN*1*1TR50910449*1411289245*000087726\
1/23	1,586.97		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020012215500518*1363379945*000095 378\



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1/23	1,812.75		UHC Insurance Co/HCCLAIMPMT TRN*1*1TR50831651*1201902768*000087726\
1/23	4,327.20		UMR/HCCLAIMPMT TRN*1*501659398*1391995276*0000UMR01\
1/23	7,364.87		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020012210500183*1363379945*000095 378\
1/23	8,750.19		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020011912600193*1363379945*000095 378\
1/23	24,893.43		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3463352*1571062326*000010311~
1/23	76,356.78		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3463610*1571062326*000010311~
1/24	1,364.00		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020012310600078*1363379945*000095 378\
1/24	56.48		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020012315200723*1363379945*000095 378\
1/24	2,569.55		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3464181*1571062326*000010311~
1/24	3,827.25		DEPOSIT DEPOSIT
1/27	3,319.60		STATE-TN PAYMNTS/TN PAYMNTS
1/27	114,755.83		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
1/27	40.00		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
1/27	325.97		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020012415801085*1363379945*000095 378\
1/27	500.00		UnitedHealthcare/HCCLAIMPMT TRN*1*1502832515*1411289245*000087726\
1/27	50.00		UnitedHealthcare/HCCLAIMPMT TRN*1*1502831487*1411289245*000087726\
1/27	164.26		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020012413200481*1363379945*000095 378\
1/27	191.17		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3465004*1571062326*000010311~
1/27	618.52		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3464928*1571062326*000010311~
1/27	5,939.40		
1/27	31,871.02		



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1/28	12,906.95		DEPOSIT
1/28	80.40		AARP Supplementa/HCCLAIMPMT TRN*1*9503090230*1362739571*000036273\
1/28	111.20		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020012514600545*1363379945*000095
1/28	162.24		378\
1/28	7,978.36		HUMANA INS CO/HCCLAIMPMT TRN*1*001290048422631*1391263473\
1/28	42,063.14		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3465570*1571062326*000010311~
1/29	200.00		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3465495*1571062326*000010311~
1/29	1,647,355.06		Worldpay/NET SETLMT
1/29	362.88		Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPC
1/29	475.92		DAILY SWEEP DD XXXXXX1402
1/29	4,272.83		Includes Interest of 24.75
1/29	54,510.78		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020012610900134*1363379945*000095
1/30	671.01		378\
1/30	1,705,606.27		AETNA AS01/HCCLAIMPMT TRN*1*820024000227392*1066033492\
1/30	496.18		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3466183*1571062326*000010311~
1/30	500.00		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3466109*1571062326*000010311~
1/30	739.37		Worldpay/NET SETLMT
1/30	1,364.00		Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPC
1/30	1,477.48		DAILY SWEEP DD XXXXXX1402
1/30	5,092.76		Includes Interest of 25.63
1/30	9,166.24		UNITEDHEALTHCARE/HCCLAIMPMT TRN*1*1TR51388312*1411289245*000087726\
1/30	15,496.95		United HealthCar/HCCLAIMPMT TRN*1*1SG06855561*1411289245*000087726\
			AARP Supplementa/HCCLAIMPMT TRN*1*9503840702*1362739571*000036273\
			UMR/HCCLAIMPMT TRN*1*503768834*1391995276*0000UMR01\
			UMR/HCCLAIMPMT TRN*1*503768833*1391995276*0000UMR01\
			UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020012911701062*1363379945*000095
			378\
			UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020012914800664*1363379945*000095
			378\
			A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3466639*1571062326*000010311~


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1/30	22,782.79		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3466714*1571062326*000010311~
1/31	1,763,416.77		DAILY SWEEP DD XXXXXX1402 Includes Interest of 26.50
1/31	88.34		STATE-TN PAYMNTS/HCCLAIMPMT TRN*1*104982757*K626001445\
1/31	518.04		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020013014900294*1363379945*000095 378\
1/31	7,317.97		UMR/HCCLAIMPMT TRN*1*504093760*1391995276*0000UMR01\
1/31	8,090.20		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020013015600071*1363379945*000095 378\
1/31	15,496.95		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3467101*1571062326*000010311~
1/31	26,188.30		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3467179*1571062326*000010311~

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Date	Deposits	Withdrawals	Activity Description
1/06		73.89	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/09		1.43	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/13		8.27	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/13		17.88	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/16		4.99	FIRSTCNB/CM FEES
1/16		16.40	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/21		3.17	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/21		5.71	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/21		15.24	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP


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CAR ACQUISITION COMPANY 11 LLC

Account Number:
Statement Date:

[REDACTED]
1/31/20

- - - - - Miscellaneous Debits - - - - -

Date	Deposits	Withdrawals	Activity Description
1/23		26.71	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/24		1.50	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/27		6.86	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/27		13.35	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/27		52.91	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/28		1,647,330.31	Trnsfr to CHECKING Acct Ending in 1402
1/29		1,705,580.64	Trnsfr to CHECKING Acct Ending in 1402
1/30		2.78	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/30		1,763,390.27	Trnsfr to CHECKING Acct Ending in 1402
1/31		25,951.93	BENE:TRUSS LLC TRN:P202001310037824
1/31		26.67	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
1/31		30.00	Worldpay/NET SETLMT Worldpay NET SETLMT 542929804668275 LAUDERDALE COMMUNITY HOSPBC
1/31		1,176,178.68	Trnsfr to CHECKING Acct Ending in 1402

- - - - - Paid Checks - - - - -

* indicates skip in check numbers

Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
1/03	1410	379,929.54	1/22	1414	1,477.58	1/31	1422*	182,220.50
1/10	1411	132,936.88	1/24	1415	90,648.89	1/31	1423	436,708.79
1/17	1413*	380,318.54	1/29	1417*	1,596.83			

- - - - - Daily Balance Summary - - - - -

Date	Balance	Date	Balance	Date	Balance
1/02	1,328,103.10	1/08	1,334,957.43	1/14	1,446,200.06
1/03	1,087,252.29	1/09	1,341,269.69	1/15	1,476,674.94
1/06	1,160,670.83	1/10	1,271,353.71	1/16	1,496,052.29
1/07	1,311,816.84	1/13	1,308,802.28	1/17	1,128,208.70



FIRST CITIZENS
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CAH ACQUISITION COMPANY 11 LLC

Account Number:
Statement Date:

[REDACTED]
1/31/20

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
1/21	1,305,520.30	1/24	1,426,425.37	1/29	100.00
1/22	1,380,201.76	1/27	1,584,128.02	1/30	100.00
1/23	1,509,258.48	1/28	100.00	1/31	100.00

First Citizens National Bank

Account Statement Date
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FIRST CITIZENS NATIONAL BANK

CHECKING DEPOSIT

Jan. 7, 2020

Name: Land. Comm. Hosp.

AMOUNT RECEIVED BY DEBTOR:

ACCOUNT NUMBER:

NET DEPOSIT \$ 49,611.02

10843010420

01/07/2020 Serial# Amount \$49,611.02

CAH ACQUISITION 11 LLC
BY MARIANNA WILLIAMS RECEIVER
PO BOX H
Dyersburg, TN 38025

1/10/2020

DATE REPORTS MAY NOT BE AVAILABLE FOR DEBTORS IN CHAPTER 13

AMOUNT RECEIVED BY DEBTOR:

ACCOUNT NUMBER:

NET DEPOSIT \$ 275.62

10843010420

01/10/2020 Serial# Amount \$275.62

FIRST CITIZENS

DEPOSIT TICKET

DEPOSIT TO THE ACCOUNT OF:

ACCOUNT NAME: CAH Acquisition Company

DATE: 1/13/2020

ACCOUNT NUMBER:

NET DEPOSIT \$ 14100.26

10843010420

01/13/2020 Serial# Amount \$14,100.26

FIRST CITIZENS NATIONAL BANK

CHECKING DEPOSIT

Jan. 14, 2020

Name: Land. Comm. Hosp.

AMOUNT RECEIVED BY DEBTOR:

ACCOUNT NUMBER:

NET DEPOSIT \$ 80267.72

10843010420

01/14/2020 Serial# Amount \$80,267.72

FIRST CITIZENS

DEPOSIT TICKET

DEPOSIT TO THE ACCOUNT OF:

ACCOUNT NAME: CAH Acquisit

DATE: 1/21/2020

ACCOUNT NUMBER:

AMOUNT RECEIVED BY DEBTOR:

ACCOUNT NUMBER:

NET DEPOSIT \$ 209.49

10843010420

01/21/2020 Serial# Amount \$209.49

FIRST CITIZENS NATIONAL BANK

CHECKING DEPOSIT

Jan. 21, 2020

Name: Land. Comm. Hosp.

AMOUNT RECEIVED BY DEBTOR:

ACCOUNT NUMBER:

NET DEPOSIT \$ 82567.63

10843010420

01/21/2020 Serial# Amount \$82,567.63

CHECKING DEPOSIT

20200127 13:31:52

POMT11

103

Amount: S 3,318.60

R50114-10420 CDD 2773464*

700003319637

01/27/2020 Serial# Amount \$3,319.60

FIRST CITIZENS NATIONAL BANK

CHECKING DEPOSIT

Jan. 27, 2020

Name: Land. Comm. Hosp.

AMOUNT RECEIVED BY DEBTOR:

ACCOUNT NUMBER:

NET DEPOSIT S 114755.83

10843010420

01/27/2020 Serial# Amount \$114,755.83

CHECKING DEPOSIT

20200128 14:01:28

POMT11

103

Amount: S 12,906.95

R50114-10420 CDD 2773464*

700012908752

01/28/2020 Serial# Amount \$12,906.95

CAH ACQUISITION 11 LLC
BY MARIANNA WILLIAMS RECEIVER
PO BOX H
DYERSBURG, TN 38025

1/1/20

PAY TO THE ORDER OF: Cohesive Healthcare

Three hundred eight thousand two hundred forty nine dollars and fifty four cents

NO. 20007

Marianne Williams

1410

10843010420

01/03/2020 Serial# 1410 Amount \$379,929.54

CASH ACQUISITION 11 LLC
BY MARIANNA WILLIAMS RECEIVER
PO BOX H
DYERSBURG, TN 38025

1/9/2020

PAY TO THE ORDER OF: Cohesive Healthcare

One hundred thirty seven thousand nine hundred forty nine dollars and fifty four cents

1411

10843010420

01/10/2020 Serial# 1411 Amount \$132,936.88

CAH ACQUISITION 11 LLC
BY MARIANNA WILLIAMS RECEIVER
PO BOX H
DYERSBURG, TN 38025

1/16/2020

PAY TO THE ORDER OF: Cohesive Healthcare

Three hundred eighty thousand two hundred forty nine dollars and fifty four cents

1413

10843010420

01/17/2020 Serial# 1413 Amount \$380,318.54

First Citizens National Bank

**Account Statement Date
Page**

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CAH ACQUISITION 11 LLC BY MARIANNA WILLIAMS RECEIVER PO BOX H DYERSBURG, TN 38025	DATE 1/17/20	1414
PAY TO THE ORDER OF <i>Aerear</i>		\$ 1477.58
Fourteen hundred forty seven and 58/100 DOLLARS		
FIRST CITIZENS NATIONAL BANK Dyersburg, TN 38025		<i>Marianna Williams</i>
ACB# 30104 21		1414

01/22/2020 Serial# 1414 Amount \$1,477.58

CAH ACQUISITION 11 LLC BY MARIANNA WILLIAMS RECEIVER PO BOX H DYERSBURG, TN 38025	DATE 1/23/2020	1415
PAY TO THE ORDER OF <i>Cohesive Healthcare</i>		\$ 90,648.89
Ninety thousand six hundred forty eight and 89/100 DOLLARS		
FIRST CITIZENS NATIONAL BANK Dyersburg, TN 38025		<i>Marianna Williams</i>
ACB# 30104 21		1415

01/24/2020 Serial# 1415 Amount \$90,648.89

CAH ACQUISITION 11 LLC BY MARIANNA WILLIAMS RECEIVER PO BOX H DYERSBURG, TN 38025	DATE 1/28/2020	1417
PAY TO THE ORDER OF <i>Tencor</i>		\$ 1576.83
Fifteen hundred fifty six and 83/100 DOLLARS		
FIRST CITIZENS NATIONAL BANK Dyersburg, TN 38025		<i>Marianna Williams</i>
ACB# 30104 21		1417

01/29/2020 Serial# 1417 Amount \$1,596.83

CAH ACQUISITION 11 LLC BY MARIANNA WILLIAMS RECEIVER PO BOX H DYERSBURG, TN 38025	DATE 1/29/2020	1422
PAY TO THE ORDER OF <i>Baker Donkin</i>		\$ 182,220.50
One hundred eighty two thousand two hundred twenty dollars		
FIRST CITIZENS NATIONAL BANK Dyersburg, TN 38025		<i>Marianna Williams</i>
ACB# 30104 21		1422

01/31/2020 Serial# 1422 Amount \$182,220.50

TELLER # <i>[REDACTED]</i> NO. 2000 CAH ACQUISITION 11 LLC BY MARIANNA WILLIAMS RECEIVER PO BOX H DYERSBURG, TN 38025	DATE 1/30/2020	1423
PAY TO THE ORDER OF <i>Cohesive Healthcare</i>		\$ 436,708.79
Four hundred thirty six thousand seven hundred eight and 79/100 DOLLARS		
FIRST CITIZENS NATIONAL BANK Dyersburg, TN 38025		<i>Marianna Williams</i>
ACB# 30104 21		1423

01/31/2020 Serial# 1423 Amount \$436,708.79